

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	1408	
Subject:	Transcutaneous Electrical Nerve Stimulators for Chronic Pain	
Section:	Care Management	
Effective Date:	12/01/2014	
Revision Date(s):	10/15	
Review Date(s):	10/16	
Responsible Parties:	Patryce Toye, MD	
Responsible Department(s):	Utilization Management	
Regulatory References:		
Approved:	Carol Attia, RN AVP, Care Management	Patryce A. Toye, MD Senior Medical Director

Purpose: It is the purpose of this policy to define the conditions under which TENS

units will be authorized.

Scope: MedStar Family Choice, MD; MedStar Family Choice, District of

Columbia Healthy Families and Alliance.

Policy: It is the policy of MedStar Family Choice to provide TENS units to

appropriate members as a DME benefit through participating DME

providers.

Background: MedStar Family Choice will require prior authorization for TENS units.

Procedure:

1. Requests for TENS unit should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

Indications:

- 1. TENS units may be authorized by the Pre-Certification Nurse when **ALL** of the following conditions have been met:
 - The member's pain is chronic in nature.

- The member has been in Pain Management for at least 3 months.
- The TENS unit is ordered by a Pain Management physician.
- The member has had a trial of the TENS unit in Physical Therapy with documented improvement in pain.
- 2. If a request for a TENS unit does not meet the criteria above, the Pre-Certification Nurse will forward the request to the Physician Advisor for individual review and consideration.

	10/16:	
Same and of Changes	No significant changes	
Summary of Changes:	10/15:	
	Nurse can now approve if trial of TENS at PT	